

1938 NOV 3 7 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Snawley
Do not use this space.

36495

1. PLACE OF DEATH

County *Pettis* Registration District No. *668*
Township _____ Primary Registration District No. *3032*
City *Sedalia* (No. *1200 W Henry*)

File No. *298*
Registered No. *668* St. _____ Ward _____

2. FULL NAME

John Pickenbach

(a) Residence No. *1200 W Henry* St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *7* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Elizabeth Pickenbach*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 21, 1864*

7. AGE YEARS *74* MONTHS *7* DAYS *26* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Farmer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) *Moniteau County* (STATE OR COUNTRY) *Missouri*

13. NAME *Clasie Pickenbach*

14. BIRTHPLACE (CITY OR TOWN) *Germany* (STATE OR COUNTRY) _____

15. MAIDEN NAME *Mary Smith*

16. BIRTHPLACE (CITY OR TOWN) *Germany* (STATE OR COUNTRY) _____

17. INFORMANT *Elizabeth Pickenbach* (ADDRESS) *Sedalia Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mt. Herman* DATE *Oct. 19* 19*38*

19. UNDERTAKER *McLaughlin Bros* (ADDRESS) *Sedalia*

20. FILED *10/19* 19*38* *John Clark* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 17 - 1938*

I HEREBY CERTIFY, That I attended deceased from *Jan* 19*38*, to *Oct 17* 19*38*
I last saw him alive on *Oct 17 - 1938* Death is said to have occurred on the date stated above, at *9:30 am*.
The principal cause of death and related causes of importance were as follows:

myocarditis Date of onset _____

Other contributory causes of importance: *93A1*

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) *J. J. Snawley* M. D.
_____, (Address) _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 11/8/38